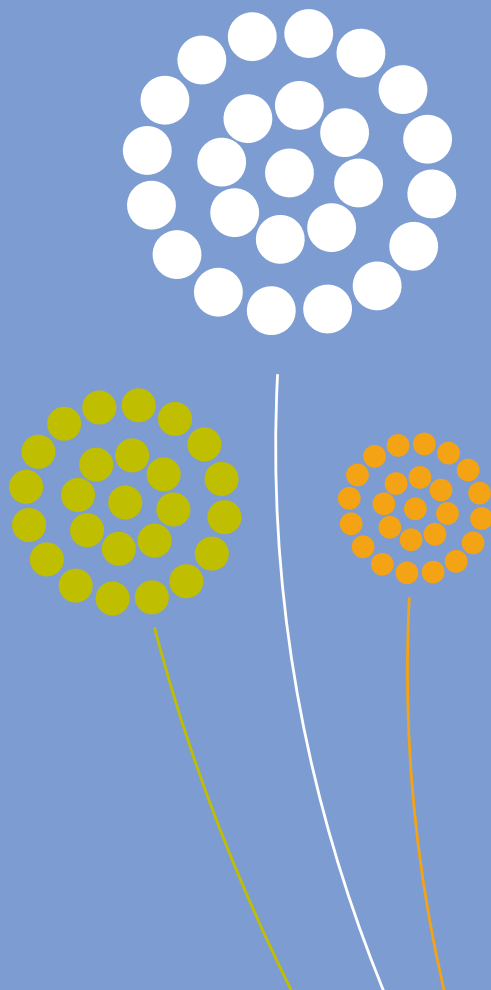


TOWARDS GOOD PRACTICE:

Standards and Guidelines for Suicide Bereavement Support Groups

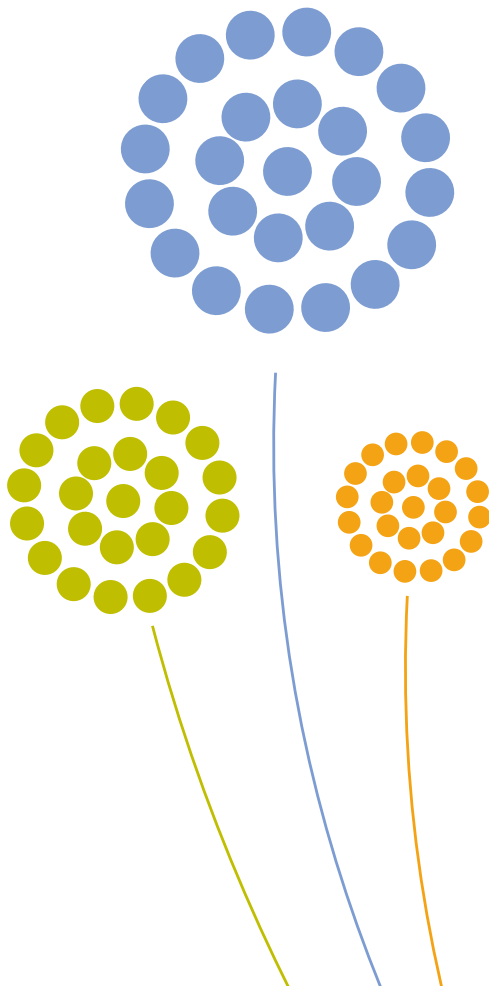


Australian Government
Department of Health and Ageing

 **Lifeline**
AUSTRALIA

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March 2009

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The views expressed in this publication are not necessarily those of the Commonwealth Department of Health & Ageing.

For information about this publication please contact Lifeline Australia on (02) 6215 9400 or national@lifeline.org.au or www.lifeline.org.au/find_help/suicide_prevention

Table of Contents

Introduction	iv
1. Support group establishment and maintenance	1
1.1 Aims and objectives	1
1.2 Access and membership	1
1.3 Organisational and management structure	2
1.4 Ethics	3
1.5 Legislative and management requirements	4
1.6 Marketing and promotion	5
2. Support group philosophy and processes	6
2.1 Philosophy on clients	6
2.2 Service delivery	6
2.3 Inclusiveness	6
2.4 Group processes	7
2.5 Understanding of suicide bereavement, loss and trauma	7
2.6 Support group facilitation models	8
3. Support group facilitation and management	9
3.1 Roles of support group facilitators	9
3.2 Skills and behaviours of support group facilitators	10
3.3 Training of support group facilitators	10
3.4 Support group co-facilitation	11
4. Support group services	12
4.1 Meetings	12
4.2 Information and networking	12
4.3 Range of services	13
4.4 Referral services	13
4.5 Duty of care	13
4.6 Use of alternate delivery modes	14
4.7 Review and evaluation of services	14

Introduction

These Standards and Guidelines have been developed as part of the Commonwealth funded Suicide Bereavement Support Group Standards and Best Practice Project. They have been developed in consultation with a broad cross section of suicide bereavement service providers and those bereaved by suicide.

There are four major Standards articulated below with various sub headings:

1. Support group establishment and maintenance
2. Support group philosophy and processes
3. Support group facilitation and management
4. Support group services

This set of Standards and Guidelines has been developed to support those who participate in and those who operate Suicide Bereavement Support Groups. The Practice Handbook also developed under this Commonwealth project, provides more information and examples relevant to facilitating a Suicide Bereavement Support Group.

These Standards and Guidelines provide a voluntary Code of Conduct to assist in the development and review of quality, safety and effectiveness. When developing or reviewing services, these Standards can provide a useful benchmark against which Suicide Bereavement Support Groups can be examined, improved and validated.

While these Standards were developed specifically for use by Suicide Bereavement Support Groups they could also guide practice in other support group settings or other suicide bereavement services.

1. Support group establishment and maintenance

1.1 Aims and objectives

Description	Attributes
A statement of the support group's aims and objectives is made available publicly.	<p>The statement includes the purpose and vision of the support group.</p> <p>Consideration for inclusion in the purpose might be outcomes such as managing emotions, thoughts and behaviours, adjustment, integration, sharing experiences, strategies to cope with daily and significant events, managing interactions with family, friends and colleagues, connection, normalisation, and/or social support, etc.</p> <p>Considerations for inclusion in the objectives are:</p> <ul style="list-style-type: none">• the safety principle "Above all, do no harm"• sensitivity• confidentiality• respect, etc.

1.2 Access and membership

Description	Attributes
People bereaved by suicide are able to access support through the support group when they need it and when they are in a position to benefit from the support group.	<p>Any membership conditions set are clearly articulated, such as:</p> <ul style="list-style-type: none">• age• gender• type of relationship with the person who has died• length of time since loss. <p>The entry process to the support group is clearly articulated. Applicants are advised of possible outcomes of the entry process including referral to other services. Applicants are advised about the support group format, such as length of support group program and length of sessions.</p> <p>The support group targets either adults or children/adolescents. This is because the grieving process for children may take different pathways.</p> <p>Assessment of potential members is undertaken by the facilitator of the support group to ensure that people will benefit from the support group. Group members are informed of this process and understand its necessity. Assessment is undertaken either face-to-face or by telephone with the aim of checking that the potential member will be able to benefit from the support group and will not cause harm to themselves or to other members. Some persons bereaved by suicide may be channelled to other more appropriate services (refer Standard 4.4 Referral Services below). Assessment processes are culturally appropriate.</p>
Members are able to access venues/technology as needed to participate.	<p>Physical meeting space is easily accessible for members.</p> <p>Where required, members have availability and guidance on use of technology for participation.</p> <p>Meeting space is neutral, safe, comfortable, inviting and private. Meeting space has a withdrawal area if possible.</p>

Description	Attributes
The support group has a defined organisational structure which allows it to operate.	The support group is either an organisation itself, e.g., an incorporated association, or is auspiced by an organisation. This is to provide a form of governance, risk management and accountability.
Roles and responsibilities of key personnel are defined.	Key personnel and their responsibilities are defined, including the support group facilitators, co-facilitators, management team and administrative assistance. Job description or role statements are provided to all paid and volunteer personnel.
Key personnel are qualified to take on their roles.	Key personnel have the required skills and training for their role. Where support group facilitators have been bereaved by suicide, they are sufficiently integrated with their own bereavement to facilitate suicide bereavement support groups.

1.3 Organisational and management structure

Description	Attributes
The support group has a defined organisational structure which allows it to operate.	The support group is either an organisation itself, e.g. an incorporated association, or is auspiced by an organisation. This is to provide a form of governance, risk management and accountability.
Roles and responsibilities of key personnel are defined.	Key personnel and their responsibilities are defined, including the support group co-ordinator, co-facilitators, management team and administrative assistance. Job descriptions or role statements are provided to all paid and volunteer personnel.
Key personnel are qualified to take on their roles.	Key personnel have the required skills and training for their role. Where support group facilitators have been bereaved by suicide, they are sufficiently integrated with their own bereavement to facilitate suicide bereavement support groups.
The number of support group facilitators and their characteristics accommodate the size and nature of the support group.	A minimum of two group facilitators for each support group is maintained to assist with self-care, peer review (refer Standard 1.5), and demands of the role (refer Standards 3.1 and 3.4). Consideration is given to the number of support group facilitators required for the size and nature of the support group. A ratio of facilitators to support group members is applied for groups of 10 members or more. Consideration is given, where possible, of inclusion of different gender group facilitators to provide an appropriate role model for group members and possible group members. Consideration is given, where possible, of inclusion of Aboriginal or culturally and linguistically diverse (CALD) group facilitators for groups with Aboriginal or CALD members (refer also Standard 3.1).
The way in which the support group will operate is defined.	Whether the support group is open and ongoing or whether it is time-limited and closed for a specific period is identified and potential members advised accordingly.

1.4 Ethics

Description	Attributes
<p>Codes of Ethics are developed and adhered to by support group facilitators and members.</p>	<p>A written Code of Ethics for support group facilitators is adopted which addresses factors such as:</p> <ul style="list-style-type: none"> • confidentiality and privacy • relationships with support group members • training in techniques used • adoption of organisational/support group policy and procedures/protocols • conflict resolution • personal gain or conflicts of interest • commitment to cultural safety • commitment to self-care • duty of care, including the “Above all, do no harm” principle (refer also to Standard 4.5). <p>Group guidelines or ground rules for support group members are developed, adopted and available which address factors such as:</p> <ul style="list-style-type: none"> • confidentiality • acceptance and non-judgement • sharing of experiences • respect and empathy • differences of views and opinions • networking amongst group members outside of meetings (refer standard 4.2) • time out during sessions • exiting the support group. <p>Consequences for not adhering to the Code of Ethics are clear and processes for managing such situations are included in the organisation’s/support group’s protocols.</p>
<p>The support group will identify and meet legislative requirements.</p>	<p>Legislative requirements are identified and processes to ensure adherence are established.</p> <p>Support group facilitators are aware of legal requirements and incorporate these into their practices.</p> <p>Attention to child protection requirements and working with young people security checks may be a requirement for support groups providing services to children or young people.</p>

1.5 Legislative and management requirements

Description	Attributes
<p>Regular supervision of group facilitation practice and debriefing of support group facilitators is provided by suitably qualified and experienced personnel.</p>	<p>Support for support group facilitators in the form of supervision of group facilitation practice and debriefing is provided. Supervision is a process of care and support delivered by a trained supervisor for facilitators running Suicide Bereavement Support Groups. This may be delivered through a facilitator reference group, the organisational structure, or even through external support arrangements. Group facilitation practice supervision may be in the form of expert supervisors or through processes such as peer coaching or mentoring, depending on the situation and needs of the group facilitators and the requirements of the organisation. These services may be internally or externally sourced, delivered face-to-face, via telephone or on-line.</p> <p>Self-care considerations are made as part of the supervision and debriefing processes.</p>
<p>Regular administrative supervision is provided.</p>	<p>Administrative supervision is provided by the organisation or the auspicing organisation as part of the operational arrangements.</p>
<p>Risks are identified and minimised through planning.</p>	<p>Risks considered include but are not limited to:</p> <ul style="list-style-type: none"> • Accident and injury – public liability cover is in place • Advice and harm – professional indemnity cover is in place • Unsuitability of support group for some members or potential members – referral protocols to other services will be required • Emergency situations – a crisis protocol is in place for potential emergencies including suicide or potential suicide or crises in the group or crisis in the group facilitators(s) • Re-traumatising group members – group management practices are in place to reduce the likelihood of such occurrences • ‘Burn out’ of support group facilitators – access to debriefing and supervision; co-facilitators may be needed or time away from support group management role may be needed • Conflict between members or facilitators – effective conflict resolution processes included in Code of Ethics • Media requests – Media guidelines that clarify media release and spokesperson protocols • Quality assurance of group facilitation sessions.

1.6 Marketing and promotion

Description	Attributes
<p>Support groups are promoted through relevant agencies so that people bereaved by suicide are aware of the existence of the suicide bereavement support group.</p>	<p>The support group is known about by services which come into contact with people bereaved by suicide such as police, coroner, hospitals, general practitioners, allied health providers (psychologists, counsellors, social workers, etc), Aboriginal health services, churches and religious organisations, funeral directors, and community organisations.</p> <p>Support groups consider subscription to central information sources, such as relevant government agencies and community databases which give contact details to the public.</p> <p>Other promotion activities might include advertising through community avenues and/or in local newspapers. Further, a website for or links to the support group may be considered so that potential group members can easily find services.</p> <p>Marketing initiatives meet the Australian Government <i>Mindframe</i> National Media Initiative.</p>
<p>Marketing and promotion materials are culturally appropriate and are understandable by the whole community.</p>	<p>Information provided on the support group is written or presented in plain English at a level that the community will understand (approximately a level of 6th Grade).</p> <p>Where information is translated, it is written or presented at an appropriate level of understanding.</p> <p>Information is culturally appropriate and collaboration with relevant cultural groups is in place where needed.</p> <p>Marketing and promotion materials show sensitivity to the issues faced by people bereaved by suicide.</p> <p>Materials that are provided on the internet are culturally appropriate and show sensitivity to the issues faced by people bereaved by suicide.</p>

2. Support group philosophy and processes

2.1 Philosophy on clients

Description	Attributes
Values and principles that the support group holds are identified.	The support group clearly articulates the values and principles that they uphold, e.g., Rights of People Bereaved by Suicide (see Appendix 1 of Practice Handbook)

2.2 Service delivery

Description	Attributes
Service delivery is client-centred.	Service delivery principles are defined, such as timeliness of service, quality of service, support group topics, closing support group meetings, mode of service delivery including services provided in between group meetings and at the end of the group service. Support group members understand and agree to the group guidelines (refer Standard 1.4).

2.3 Inclusiveness

Description	Attributes
A diverse range of people, regardless of background and cultural diversity, are encouraged to participate in suicide bereavement support groups when needed.	Support groups recognise individuality and have strategies in place to include people from different cultural backgrounds, both genders, those less likely to seek help, and those with differences in coping styles and circumstances. Support group facilitators change their group processes to meet client needs. Refer Standard 3.1 <i>Roles of Support Group Facilitators</i> regarding representatives from Aboriginal or CALD backgrounds. Practical support may also need to be given where resources are available, such as child care for evening meetings, or use of an interpreter where language is a barrier. Whether the group member can bring a support person to a support group meeting and the degree of involvement in the group meeting by the support person is articulated.

2.4 Group processes

Description	Attributes
Where a psycho-educational model is used, group processes include both psychological support and information about aspects such as psychological processes, practical needs, and coping strategies.	Meetings use group processes where psychological support is provided and education on relevant issues is undertaken.
Resources providing information are available or identified (in the case of the internet).	Information may include literature available from related organisations, information on local services, and relevant activities. Such information is checked for sensitivity, for cultural appropriateness and for readability (plain English).
Where a self-help model is used, it includes group processes that provide for emotional support.	Group processes at meetings are structured to provide opportunities for airing effects of loss and trauma, for sharing coping strategies, and for a positive closing.

2.5 Understanding of suicide bereavement, loss and trauma

Description	Attributes
Information about issues that arise for people bereaved by suicide is available and is culturally appropriate.	<p>Access to literature and resources about issues faced by people bereaved by suicide which may include but is not limited to:</p> <ul style="list-style-type: none"> • general grief and loss theory • trauma • individuality of grief • cultural differences in loss and grief • age and gender differences in loss and grief • statistics about suicide and suicide bereavement • cognitive restrictions of suicidal thinking • stigma (psychosocial, legal and religious) and isolation • feelings of rejection, abandonment and blame • feelings of remorse, guilt and responsibility • feelings of anger and/or helplessness • the need to understand why and the search for motive • difficulty acknowledging the cause of death • fear of hereditary susceptibility • family dynamics • loss of basic trust • increased risk of suicidal ideation • logistical and legal issues • the therapeutic process of hope • acknowledgement of strengths • resilience and integration • potential for growth • coping strategies and interpersonal tactics. <p>Literature and resources are available in various communication media (e.g. video, DVD, tape, etc).</p>

2.6 Support group facilitation models

Description	Attributes
Support group facilitators use clearly defined facilitation models which are culturally appropriate and promote healing and integration.	Support group facilitators are trained in all facilitation models used. The facilitation model(s) incorporate(s) a communication style which promotes group interaction in a safe way and facilitates group processes. Support group facilitators' practices adhere to the facilitation models used.

3. Support group facilitation and management

3.1 Roles of support group facilitators

Description	Attributes
The roles of the support group facilitators are clearly defined. Consideration of co-facilitation is made with involvement by both professionals (such as counsellors and social workers) and people bereaved by suicide. Where professionals are not involved as support group co-facilitators, access to professional support is available.	<p>Roles include, but are not limited to:</p> <ul style="list-style-type: none">• pre-assessment of potential group members• using referral processes for potential members not ready for group involvement• planning and designing support group processes• facilitating support group processes and support group dynamics• adhering to the Code of Ethics (refer Standard 1.4)• ensuring members know about the group guidelines (refer Standard 1.4)• ensuring members know about 24 hour contact supports• ensuring new members feel comfortable and safe• providing direction in structured information sessions• adhering to the 'Above all, do no harm' principle• ensuring cultural safety• mentoring emerging facilitators• debriefing co-facilitators• managing self-care• developing exit strategies for facilitators leaving the support group• monitoring and responding to potential suicide risk of members. <p>The support group has considered the need for involvement by mental health professionals (e.g., psychologists, grief counsellors) and/or by people bereaved by suicide.</p> <p>Co-facilitation of support groups by Aboriginal representatives may be appropriate for groups with Aboriginal people. Likewise with CALD facilitators and CALD members</p>

3.2 Skills and behaviours of support group facilitators

Description	Attributes
Support group facilitators exhibit skills and behaviours that provide a supportive environment.	<p>Support group facilitators have basic communication and interpersonal skills, including:</p> <ul style="list-style-type: none"> • ability to organise • ability to empathise • ability to listen reflectively • effective verbal communication skills. <p>Support groups have defined the behaviours and attitudes that are expected in their support group facilitators such as, but not limited to:</p> <ul style="list-style-type: none"> • respect • compassion • trustworthiness • openness • a non-judgemental attitude • retain confidences • honesty • an approachable disposition • cultural considerations • gender considerations • age relevant considerations • minimisation of expression of their own personal grief • recognition of their own limitations, etc.

3.3 Training of support group facilitators

Description	Attributes
Support group facilitators are trained in basic facilitation models, communication skills, suicide bereavement, grief, loss and trauma and psycho-educational support group processes.	<p>Support group facilitators are trained in aspects such as but not limited to:</p> <ul style="list-style-type: none"> • the experience of loss and grief • specific issues of suicide grief • complications of grief • role of trauma • mental health first aid • methods for assessing support group applicants • group facilitation techniques • eliciting skills versus lecturing skills • strategies for increasing coping • support group management skills • the distinction between process and content • methods to bring balance to group processes • assertiveness skills • cultural safety practices • strategies to overcome issues and barriers • complexity of suicide • suicide prevention techniques • crisis intervention processes • health promotional approach to adversity including the awareness and value of community capacity building • Client centred, strengths based approach • pathways to care and referral to other services • strategies for self-care.

Description	Attributes
Where support groups provide services to children, support group facilitators are trained in child and adolescent suicide bereavement, grief, loss and trauma.	Support group facilitators are trained in aspects such as but not limited to: <ul style="list-style-type: none"> • grief and loss for children and adolescents • age appropriate support.
Support group facilitators undertake professional development on an ongoing basis.	Support group facilitators take an active role in networks and associations that provide continuing professional development opportunities.

3.4 Support group co-facilitation

Description	Attributes
Where there are co-facilitators, facilitation roles are clearly defined between the co-facilitators. Transition between group facilitators is planned.	Co-facilitators know their roles and the specific tasks for which they are responsible, for example, co-facilitators may allow one facilitator to focus on those group members who are newly bereaved and the other facilitator to focus on those who are long-term bereaved. Support group members are advised of the roles of the co-facilitators. Where group facilitators change or additional facilitators are introduced, group members are prepared in advance of new facilitators to the support group.

4. Support group services

4.1 Meetings

Description	Attributes
Meetings are well managed to achieve desired goals, articulated in line with the group's purpose and aims (refer Standard 1.1).	<p>Meetings are planned and the structure and frequency of meetings is decided upon in advance.</p> <p>The venue for meetings is appropriate. For open support groups, the time of meeting and venue is fixed for a period so that potential members who hold onto information about the group for a long time can access the group.</p> <p>The structure allows support group members to express their feelings, thoughts and behaviours, and explore their needs. Cultural safety is practised.</p> <p>Support group facilitators put in place actions for issues that arise in meetings that require follow-up between meetings, particularly where a Duty of Care arises (refer Standard 4.5).</p> <p>Where appropriate (eg, closed group format), follow up actions are in place for people who miss meetings or who discontinue. Where this happens, members are advised in advance of this practice.</p>

4.2 Information and networking

Description	Attributes
Information about suicide bereavement, loss, grief and trauma and people bereaved by suicide is managed to ensure ease of access, appropriateness and that information is reviewed.	<p>Following an enquiry for information by a new member, an information pack is made available, with particular reference to the material of most relevance – may include websites rather than hardcopy.</p> <p>Exchange of information among members is encouraged and supported by the support group facilitator(s).</p> <p>Access to resources is managed so that members can obtain information as required and which is appropriate. Information for the family/social network of the group member is also available. Information for children and young people is age appropriate.</p>
Networking amongst group members is encouraged.	<p>Networking amongst group members is a voluntary choice for the individual. Group members are encouraged to network and connect with other members outside of the group, although this is not a mandatory requirement.</p> <p>Group guidelines or ground rules cover networking amongst group members (refer Standard 1.4).</p>

4.3 Range of services

Description	Attributes
Individuals have different needs and services are flexible and adaptable to meet differing needs.	<p>Services can respond to individual needs.</p> <p>Referral protocols are in place with other support services in the community such as counsellors and other services (refer Standard 4.4 below).</p> <p>Support groups have considered requirements for services between meetings and provide information for members on ways to obtain support between meetings.</p> <p>Where a group operates with a closed format (i.e. finishes after a certain number of meetings), members are prepared for the close of the group and are provided referrals as necessary.</p> <p>Strategies for members exiting the group are in place to ensure that constructive group dynamics are maintained. Recognition is made of an individual's needs and timeliness for progressing to other stages of the bereavement process where the support group is no longer needed.</p>

4.4 Referral services

Description	Attributes
The support group has a network of relevant services to which it can refer persons as necessary.	<p>A list/database of relevant and up-to-date services in the local community is easily accessible and is used as necessary.</p> <p>Services might include, but are not limited to:</p> <ul style="list-style-type: none"> • Coroner's office • medical practitioners • hospitals • housing services • financial management services • funeral services • legal services • translation services • 24 hour crisis services • telephone counselling services • grief counselling services • clinical psychological services • mental health services • mental health community teams • suicide prevention services.

4.5 Duty of care

Description	Attributes
The support group has processes for proactive monitoring of risk for mental health illness or suicide warning signs.	<p>Support group facilitators review the risks and recognise suicide warning signs or signs of mental health issues in members and take active steps to promote the member's safety by linking them with further help.</p> <p>Appropriate codes of ethics and protocols are in place (refer Standards 1.4 and 1.5).</p> <p>Support group facilitators are sensitive to unresolved issues that may arise for members and provide appropriate follow-up and referral (see Standards 4.1 and 4.4) as needed.</p>

4.6 Use of alternate delivery modes

Description	Attributes
Where deemed appropriate, support groups are made available through alternate delivery modes (e.g. telephone or online).	<p>Facilitation of support groups through alternate delivery modes undertake additional measures such as but not limited to:</p> <ul style="list-style-type: none"> ensuring that the potential group member has the right to or authority to use the telephone number through which the service will be provided encouraging group members to have a private and safe location to participate in the telephone support group giving consideration to time zone differences e-mailing or posting written information for members in advance developing additional support group ground rules to overcome non-verbal communication barriers using facilitation techniques to ensure involvement of all members managing the size of the group – a smaller group as compared to face-to-face support groups may be required to address the complexities of managing a group by telephone. <p>Safeguards due to ethical considerations are put in place to ensure that communications are interpreted correctly.</p> <p>To apply the ‘Above all, do no harm’ principle, groups are closed and potential members are invited from a referral source or registration process. Utilization of a suitable moderator may also be considered.</p>

4.7 Review and evaluation of services

Description	Attributes
The support group reviews and evaluates its services regularly.	<p>Support group facilitator(s) adopt self-evaluation and continuous improvement practices, perhaps in conjunction with supervision (refer Standard 1.5). Group facilitators conduct evaluations of their services delivered and meetings facilitated.</p> <p>At least an annual review of services provided is undertaken. Where possible, consideration is given to an external review on a regular basis to provide an increased level of objectivity.</p> <p>Where members are involved in reviews and evaluations, they are informed in advance of any requests for their feedback.</p>

Project Partners:



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